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Misery Rules in State Shadowland

By MIKE GORMAN

"NOT enough doctors, not enough nurses, not enough toilet paper, not enough covers for cold nights. When the laundry did not get around to the wards in time, there were not enough sheets and not enough pillow cases. There wasn't enough of anything but patients."

This quotation from "The Snake pit," current best-seller about life in a mental institution, could be applied almost whole-hog to the conditions under which more than 10,000 mentally ill Oklahomans exist in the six mental hospitals run by the state.

At the three major hospitals for white insane—Central Oklahoma State at Norman, Eastern Oklahoma at Vinita, Western Oklahoma at Fort Supply—and at the hospital for the negro insane at Taft, for mental defectives at Enid, and for epileptics at Pauls Valley, the story is an unbelievably shameful one.

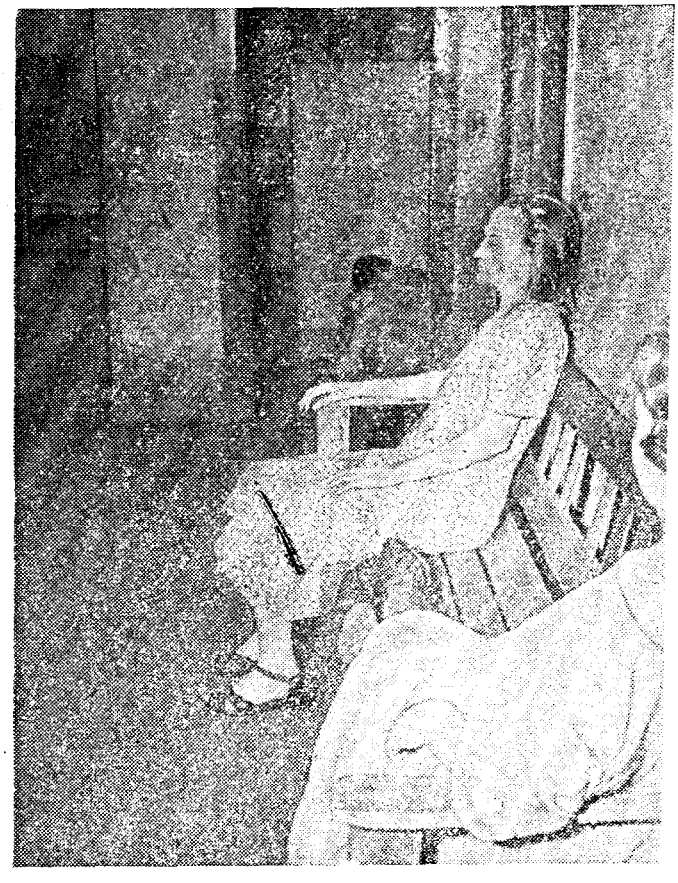
In the last two years, the nation's press and other agencies have turned a bright light of publicity on the barbaric conditions under which most of the mentally ill of America live. Today, despite the fact that care, treatment, and prevention of mental disease is universally recognized as America's number one health problem, advances in this field have lagged far behind those in general medicine. In many ways, the treatment of our mentally ill is little better than in the times when they were chained in cages and kennels, whipped regularly at the full of the moon, and hanged as witches.

Surgeon General Parran of the United States Public Health Service has recently said that at least eight million persons are suffering from mental maladjustments. He added that, although mental illness strikes more persons than infantile paralysis, cancer and tuberculosis combined, more money is expended on any of these physical ills than for all the mental diseases.

HOW does Oklahoma fare in the national picture? Until this reporter embarked on a two week survey of our mental institutions, there had been no recent study of our six major mental hospitals. In 1935, the Brookings Institution covered the state hospitals in a report severely critical to our provisions for the insane. In 1937, the Oklahoma Planning and Resources Board, in a bulky 150 page tome, assailed the over-crowding and under-manning of every one of our state mental hospitals. In that same year, the National Mental Hospital Survey Committee, at the request of Governor Marland, engaged in a two-month, comprehensive combing of these same hospitals. Their findings were an indictment of our state's "care" of these unfortunate people.

Yet, conditions today in all these mental hospitals are even worse than at the time the various reports were issued. A large percentage of patients in Oklahoma's mental institutions today do not receive psychiatric treatment; most of them do not receive even adequate custodial care; more serious than anything, a large number of them could now be living happy, constructive lives as cured persons. Instead they are wasting long years in institutions for lack of adequate care.

Item by item, here is a brief analysis of conditions then and now.



The care of the mentally sick, the feeble minded and the insane is a hard reality that every commonwealth must face. Few of them have faced it realistically or creditably. Oklahoma's record is particularly depressing. This reprint of stories which appeared in The Daily Oklahoman from September 22 to October 6, 1946, will tell you why. An experienced reporter and researcher spent much time digging out the facts and statistics that appear. The shameful conditions pictured should not be blamed on the staffs of the various state institutions. They are doing the best they can in the face of overwhelming difficulties. The fault lies with the top level administrative agencies, and behind them an apathetic electorate that fails to provide the money that might make life easier for the thousands like the woman above at Norman. Pictures like this abound at the state's six hospitals.

1 **Over-crowding.** In 1937, the national Mental Hospital Survey Committee pointed out that 7,199 patients were jammed into wards which had a total bed capacity of 5,475. This represented 31.5 percent over-crowding. Oklahoma's neighboring states had an over-crowding figure of only 3.1 percent, while the national average was 11.2 percent.

Today the situation is much worse, with the over-crowding figure closer to 50 percent. The Norman hospital is the most over-crowded, with 2,844 patients cramped into standard space for 1,793. Vinita has 2,653 patients for its 2,200 bed capacity, Supply 1,603 for a 1,154 bed capacity, Taft 800 for 700, and Enid, the hospital for the mental defectives, 1,250 for 800. And, with the increasing admission rates, over-crowding grows worse each month.

2 **Shortage of Doctors.** In 1937, there was one doctor for every 399 patients in Oklahoma's mental institutions. The American Psychiatric Association in 1925, established a minimum standard of at least one doctor for every 150 patients, so, according to its professional standards, each doctor in a mental hospital in Oklahoma had approximately 250 more patients than he could possibly handle.

Today the situation in Oklahoma is one of the worst in the country, with one

doctor for every 525 patients. Norman, with five doctors for the 3,384 patients crowded into its main buildings and Lexington annex, presents the depressing picture of one physician for about 700 patients. Vinita has five doctors for 2,653 patients, Supply four doctors for 1,603 patients, Taft two doctors for 800 patients, Pauls Valley one doctor for 314 patients, and Enid, with more than 1,200 mental defectives, hasn't even one doctor on its grounds.

In addition to all this, the Oklahoma State Department of Health has established a minimum standard of one psychiatrist for every 30 patients who are acutely ill. There are several thousand patients in the acutely ill classification in Oklahoma—mentally ill people who, with the proper treatment, might be restored to their homes. If you have an appetite for depressing arithmetic, figure out for yourself how far Oklahoma falls short of this minimum standard set by its own health department.

3 **Shortage of Nurses.** In 1937, Oklahoma had only 11 graduate nurses in all its state mental institutions, one of the lowest figures in the country.

Today, with several thousand more patients in its institutions than in 1937, Oklahoma has seven graduate nurses. Five are at Norman, three on a temporary basis, and two at the hospital for negroes at Taft. Both Vinita, with 2,653 patients, and Supply, with 1,603 patients, cannot boast the services of one single graduate nurse.

The state health department has set up a minimum standard of one graduate nurse for every four acutely ill mental patients. Again, if you possess an appetite for gruesome figures, divide Oklahoma's seven nurses into 2,000 acutely ill patients. And, while you're at it, don't forget the 8,000 chronic patients who need nursing care, too.

4 **Shortage of Attendants.** In 1937, Oklahoma had 501 ward attendants for its 7,278 mental patients, or an average of one attendant for every 14.5 patients. The absolute minimum set up by the American Psychiatric Association is one attendant for eight patients.

With monotonous regularity, we have to repeat—it's much worse today. Norman, with 89 regular attendants for 3,400 patients, has 37 patients for every attendant. This is close to a 500 percent over-loading figure—one of the most disgraceful in the nation. Vinita, with 101 attendants for 2,653 patients, and Supply, with 85 attendants for 1,603 patients, are little better off.

For acutely ill patients, the state health department has set up a requirement of one trained attendant for every six patients. That would mean approximately 340 attendants for those 2,000 patients alone, yet the state doesn't even have enough attendants to approach this requirement, and we're excluding the 8,000 chronic patients.

5 **State Expenditure for Each Patient.** Back in 1937, the national Mental Hospital Survey Committee laced into Oklahoma because of its niggardly appropriations for the mentally ill.

Pointing to Oklahoma's low annual expenditure of $168.52 per patient, the report stated: "Oklahoma has lower per capita expenditures than all of the comparable states, it being lower than the average per capita expenditure for the West South Central Region. The per capita cost in the comparable states varies between $351 and $358, or about twice the per capita cost in Oklahoma. A comparison of the expenditures for salaries and wages indicates that Oklahoma lags farther behind the comparable states in its expenditures for these items—"

It was bad then, but it's much worse now. Latest figures available from the department of commerce show that in 1943, Oklahoma's appropriation was $201.84 per patient, against a national average of $335.84 per patient.

At Norman, the average monthly expenditure in 1943 was $16.87 per patient. That same year, prisoners at the state penitentiary at McAlester were appropriated $24.18 a month, while patients at the Eastern Oklahoma T. B. Sanitarium at Talahina were appropriated $57.54 a month.

6 **Early treatment for mental illness**—In report after report, Oklahoma has been lambasted because it has provided no facilities for the observation and treatment of mental illness during its early stages. Yet today, despite all this criticism, Oklahoma does not possess one bed in the entire state where a person can go for observation and treatment. Hundreds of border-line cases, which might be cleared up in a few weeks, are forced into state institutions, to which they are committed as insane. Despite the fact that the American Psychiatric Association has suggested the use of "mentally ill" instead of "insane," Oklahoma uses a commitment paper which uses the word "insane" four times on the first page.

Most states have psychopathic hospitals which receive all classes of mental patients for first care, examination, and observation, and provide short, intensive treatment for incipient, acute and curable insanity. Although as far back as 1936, plans were formulated for a 50 bed psychopathic ward at University Hospital, Oklahoma today lags far behind other states in the early treatment and cure of mental disease.

7 **Lack of treatment in state institutions.** In the last 15 years, tremendous strides have been made in the curing of mental illnesses, mainly through the use of newly developed shock therapies. In most states, the old idea about the insane being incurable has gone by the boards. The emphasis in these modern state institutions is upon the cure, rather than the mere custody, of mentally ill patients.

In Oklahoma, the old custodial idea still prevails in most institutions. Only at Norman are all three types of shock treatment given, and these only to a limited number of patients. Both Vinita and Supply rule out insulin shock treatment as "too costly and too long," although reams of modern psychiatric literature point to the efficacy of insulin shock in treating schizophrenics.

It is hard to estimate the cost to Oklahoma because of this false economy. Patients who might be cured at a cost of a few hundred dollars become chronics who cost the state thousands over a period of years. As Albert Deutsch, author of the "Mentally Ill in America," put its: "Nobody knows how many curables have been rendered hopeless by the nightmarish trials of state hospital life in the wards of many institutions."

8 **Lack of occupational, recreational, and diversive therapy** — In recent years, thousands of mentally ill patients have been helped on their way to cures by supervised work and recreation programs. Most modern psychiatrists agree that the worst thing in the world for a mental patient is for him to be left idle and alone to brood about his imagined ills.

In all Oklahoma's mental institutions, this most necessary form of therapy has been neglected. Though the state department of health requires both an occupational and recreational therapist for every 30 patients, there are only three occupational therapists in the state and over 10,000 patients, and there is not one single recreational therapist. In Oklahoma, the lowest form of recreational therapy, the daily walk, is denied practically all patients. As a result, "fortunate" patients sit on hard benches staring at the walls; the unfortunate ones are locked up.

9 **Excessive use of restraint and seclusion**—In past centuries, mentally ill patients were restrained by a variety of barbaric mechanical devices. Twentieth century psychiatry has been almost unanimous in its condemnation of these various devices used to limit the movement of patients. The state department of health has stated, unequivocally: "The use of mechanical restraint is to be avoided."

By this standard, Oklahoma is far from having the best hospitals. Despite the fact that the camisole and the restraining sheet are the only forms of mechanical restraint permissible, our state institutions use leather wristlets, locked belts around the body, leather locks around the legs, and many other devices. Practically every doctor in the Oklahoma mental hospitals is opposed to this excessive use of restraint, but explains it is due to the shortage of attendants.

Seclusion means locking a patient up in a room for a specific period of time. Dr. Clarence Bellinger, superintendent of the Brooklyn State Mental Hospital, wrote recently: "I don't believe in seclusion rooms. They are calculated to turn anybody, sane or insane, into a wild animal." Dr. Bellinger has over 3,300 patients in his overcrowded institutions, yet not one person in seclusion.

At all major Oklahoma mental institutions, seclusion was widely practiced. In addition, there was widespread violation of the provision that the maximum period of seclusion should not exceed three hours.

10 **Old age patients in our institutions**—Back in 1916, Dr. F. M. Adams, then and now superintendent of the mental hospital at Vinita, wrote: "The tendency to commit aged and feeble-minded persons and paupers to the hospital instead of caring for them in their homes and county poor farms still exists. This is an imposition on the state, as it keeps the hospital crowded, and the care these patients take should be given to the mentally sick." In 1937, the Marland report criticized the over-crowding of our state mental institutions by seniles.

Today, it's much worse.

The above list of ten major deficiencies merely scratches the surface. It doesn't take into account the many shortcomings of the state board of public affairs in its outmoded supervision of all state mental hospitals; it doesn't point out the fact that

Oklahoma does not possess one child guidance clinic designed to diagnose and treat the behavior problems of childhood, forerunners of mental breakdown in maturity.

Further, it doesn't even begin to suggest the frightful squalor these unfortunates live in—beds jammed against one another, holes in the floor, gaping cracks in the wall, long rows of hard, unpainted benches, dirty toilets, dining halls where the food is slopped out by unkempt patient attendants and, above all, the terrifying atmosphere of hopelessness in institutions where thousands of patients are penned in day after day and night after night endlessly staring at blank walls.

Vinita Patients Lack Modern Care

EASTERN Oklahoma hospital at Vinita, which handles the mentally ill from the eastern counties of the state, was opened in 1912 with Dr. Felix M. Adams as superintendent. Doctor Adams has guided the Vinita institution through the 34 years of its growth and development.

The site is excellent and the surroundings are pleasant. There are trees and flower gardens and good walks between the buildings.

Unlike Central State at Norman, the Vinita hospital buildings were constructed from a uniform architectural plan, and the results are good. The buildings are all brick, efficiently fire-proofed, and, for the most part, in good physical shape.

Vinita is the least over-crowded of the three major mental institutions for the white mentally ill. There are 2,653 patients for its listed bed capacity of 2,200 beds.

The wards are also in better shape than those in any of its sister institutions. Of course, the inevitable over-crowding exists, and in many of the wards the beds are jammed very closely together. However, there is excellent cross-ventilation in most of the wards, and there is a commendable absence of dirt, falling plaster, and persistent flies.

Dr. Adams, who is exceedingly conscientious about the physical up-keep of the wards, has introduced many improvements in the Vinita mental institution. Instead of forbidding-looking benches, he uses hundreds of rocking chairs throughout the wards. As a substitute for the usual white hospital spread, he has introduced gaily colored spreads in pink, yellow, and green. This may seem like a minor frill but, on the contrary, it might be an important item in brightening up the wards and influencing the mental attitudes of his patients.

Eating facilities are also better at Vinita than at Norman or at Fort Supply. There is an enormous central cafeteria which feeds male and female patients in separate sections. Patients use compartmented metal trays and go through the serving line in cafeteria style. Kitchen facilities are excellent, with stainless steel ovens and pots, and the latest in dish-washing equipment.

Compared to over 1,000 old persons at Norman, there are only 250 at Vinita. Doctor Adams has long been opposed to elderly persons clogging his institution, and has kept the admission rate to an absolute minimum. The wards for elderly persons are the worst at Vinita; sanitary conditions in these wards is reminiscent of the situation at Norman.

Vinita also has a serious mental defective situation. There are 344 mental defectives at Vinita, considerably more than at either of its sister institutions. These mental defectives are not "insane," as that word is commonly defined, yet they are committed to Vinita as "insane." The mixing of these low-grade mentalities with the mentally ill is a throw-back to the days when barbaric methods were used to care for the mentally sick. However, Northern Oklahoma Hospital at Enid, which cares for the state's mental defectives, is so overcrowded that it cannot admit any more patients.

The medical staff at Vinita is even more inadequate in number than the one at Norman. In addition to Doctor Adams, who ranks right below Norman's Doctor Griffin as one of the state's most experienced and respected psychiatrists, there are five assistant physicians. The assistant superintendent is Dr. P. L. Hays, who has been at Vinita since 1916. There are four assistant physicians, all advanced in years, and their case loads of more than 500 patients apiece is much more than they can keep up with.

There are no graduate nurses at Vinita, and it is hard to exaggerate the effect of this upon Vinita's 2,600 patients. Back in 1937, the National Mental Hospital Survey committee lambasted Vinita because it had only five graduate nurses; it is not hard to imagine what they would say about the present situation.

There are 101 attendants at Vinita, and while this is considerably better than the situation at Norman, it is far below the national standard set by the American Psychiatric association. As at Norman, the attendants, swamped with excessive patient loads, are unable to give each individual the proper attention and care.

Due to the shortage of attendants, there is much restraint and seclusion at Vinita. When this reporter toured the institution, more than 100 patients were in varied forms of mechanical restraint, and another 50 were in seclusion. This is exceedingly high.

In addition to its regular attendants, Vinita employs 60 patients as attendants. Many of these are used as kitchen help and in the serving of the food, and the situation is just as depressing as it is at Norman.

One Part-Time Dentist

There is no full time dentist at Vinita; one dentist comes in from the city of Vinita a few hours a week to handle the dental needs of 2,600 patients. According to minimum national standards, there should be at least one full time dentist in every mental institution.

Its clinical and pathological facilities are considerably below state and national health standards, and inferior to those at the larger hospital at Norman. It does not possess one laboratory or X-ray technician.

However, it is in the therapeutic treatment of its 2,600 patients that Vinita shows its most serious deficiencies.

At Norman, despite the smallness of its medical staff, a sincere effort is being made to use all modern therapies in the treatment of mental illnesses.

At Vinita, the emphasis is upon custody, rather than cure. Doctor Adams is an exceedingly efficient administrator, and continually points out how much he is saving the state through his modern bakery, his carpenter shop, and other aids.

Doctor Adams uses only one type of shock treatment at Vinita—electric shock therapy. He stated that electric shock was the most effective of all the shock treatments. He also insisted, that it was the least troublesome and expensive of all the shock therapies.

Doctor Adams seemed unimpressed by recent studies at various mental hospitals which indicated the efficacy of insulin and metrazol shock in certain types of mental illnesses. Psychiatry is still in its infancy, and psychiatrists in the major mental hospitals are still groping with every known therapy in their attack upon mental illness.

Electric Shock Is New

Electric shock is the newest of the shock therapies, and the returns are not in on its effectiveness. It is considered by some psychiatrists to be successful in the treatment of manic-depressives and involutional psychotics, but most psychiatrists do not recommend it for schizophrenics. A large body of psychiatrists are distrustful of electric shock, claiming that it produces a deceptively quick recovery which does not last.

Fundamentally, though, inadequate appropriations by the state legislature are responsible. If Dr. Adams had an adequate medical and nursing staff, he unquestionably could achieve better results. Norman, with its small staff, has shown a rare adventurism in attempting to use all three types of shock therapy under the most adverse conditions.

In the therapies auxiliary to shock treatment, Vinita is also weak. There are six tubs for hydrotherapy in the hospital, but they are seldom used. Dr. Adams is unconvinced of the effectiveness of hydrotherapy, and there is no trained hydrotherapist at Vinita.

There is just one occupational therapist at Vinita for 2,600 patients, and the number of patients participating in the work is small. Diversive therapy is not used, while recreational therapy is limited to a daily walk and a few ball games for a small number of the patients. Psychotherapy, intensive analysis of individual case histories, is not practiced because of the shortage of doctors.

With the absence of any young doctors on its staff, Vinita points up a dangerous situation in Oklahoma's mental institutions. Because of the low pay and the lack of treatment and research facilities, no young blood is coming into the state's mental hospitals. Oklahoma's mental institutions are cut off from the stream of medical research and, because we do not possess even one psychopathic hospital where internship in psychiatry might be practiced, we are not attracting young doctors trained in the latest psychotherapeutic methods.

Young doctors are going to mental institutions in other states where they will have adequate facilities to work with, or to the veterans administration where they receive much higher pay and are closer to the streams of medical research.

Unless there is a change of state policy when our present crop of doctors burns itself out, our state mental hospitals will be without competent psychiatric staffs. Despite the fact that, back in 1937, the Marland report stated that hospital facilities would have to be doubled and, in some cases, tripled, to make up for deficiencies and care for future increases

anticipated by 1960, successive boards of public affairs have done nothing about this situation.

Supply Mental Plant Is Weak in All Phases

Western Oklahoma hospital at Fort Supply, opened in 1908, is the oldest of the state's mental hospitals.

Unlike its sister institutions at Norman and Vinita, which have been fortunate in having but one superintendent at the helm since the beginning, Supply, undergoing a recurrent series of administrative upheavals, has had seven superintendents since 1908. Dr. John L. Day, the present superintendent, has headed the institution since 1934.

Taking into consideration over-crowding, condition of its buildings, size of medical staff, and treatment facilities, Supply is not only the worst of the three mental hospitals for whites in the state, but is perhaps one of the worst in the country.

There are 1,603 patients at Supply for an estimated bed capacity of 1,154, a high over-crowding figure. Bed space is at such a premium that beds have been squeezed into porches, day rooms, and even adjoining the hydrotherapy tubs.

The condition of the wards is below minimum state and national psychiatric health standards. Broken wooden floors, cracked walls, and falling plaster are the rule rather than the exception. The beds are all badly in need of paint jobs. The toilet facilities are even worse than those at Norman.

Ward 9, housing 50 men in a wooden, inflammable building constructed in the 1880's, has been condemned more than once by the state fire marshal as a serious fire hazard. Ward 6, housing 65 elderly women, has been found by the engineer for the state board of public affairs "to be in a dangerous condition for use as a dormitory and ward building." And so on down the line.

The eating facilities are unappetizing and insanitary. In the main dining room, the wooden floor is badly cracked, ventilation is almost non-existent, and the patients sit jammed together on long, hard benches trying to beat swarms of flies to the food. Patient attendants serve in sloppy fashion, and the eating utensils consist of battered tin plates, bent cups, and ancient cutlery.

Food Called "Adequate"

The central kitchen would, or should give our state board of health nightmares. Foot-long gaps in the floor, broken pipes, nineteenth century steam kettles, a shed-like ceiling which keeps out all air—these are some of the highlights.

The medical staff at Supply is insistent in its claim that the patients receive an adequate and varied amount of food, but many criticisms have come to the state board of affairs in the last few years charging under-feeding of the patients.

In touring this institution, this reporter was continually brought up short by some unkempt condition. Rags and dirty linen were left in the oddest places and, in one hallway, there was a pile of filthy mattresses, all torn up and obviously beyond redemption.

The effect of these conditions upon a new, acutely ill mental patient can be acute. Dr. H. L. Johnson, assistant superintendent at Supply, a prolific writer on how things should be in a mental hospital, states in his "Standard Practice Manual for Use in State Hospitals for Mental Disorders": "The manner of a patient's induction into the hospital may greatly influence the entire course of his institutional life. The surroundings, being strange to him, may incite disgust, fear, or antagonism."

Patient Load Excessive

The medical staff at Supply consists of Dr. Day, Dr. Johnson, and two assistant physicians. Dr. Day, a kindly, soft-spoken man, is an experienced and competent psychiatrist. Dr. H. L. Johnson, the assistant superintendent, has been at Supply since 1929, and is widely known throughout the state. Dr. G. W. Orrick, at Supply six years, has had no formal training in psychiatry, and Dr. G. H. Glulow, who joined the staff this year, had 30 years of general practice in Tulsa. Each doctor has approximately 500 patients to care for, an impossible patient load.

There are no nurses on the staff, and no laboratory or X-ray technicians. There are 85 regular attendants at Supply, considerably below the standards of the American Psychiatric Association. Dr. Johnson, in his previously quoted manual, lays down a whole series of rules governing the conduct of attendants. As an example: "He (the attendant) should not betray such illiteracy as to misuse the word 'tenant' for 'attendant,' nor should he address the physician as 'doc' instead of 'doctor'."

Most attendants at Supply, having 80 or 90 patients assigned to them have little time to worry about forms of address.

Of the three shock therapies, electric shock is the only one given at Supply. Dr. Johnson pointed out to this reporter that, during the previous week, he had given electric shock treatment to four patients. This compares with 60 patients receiving electric shock at Vinita, and to several hundred patients receiving all three types of treatment at Norman. There are hundreds of acutely ill patients at Supply.

Therapies Are Neglected

The therapies relating to shock treatment are almost completely neglected. There are tubs for hydrotherapy, but no one seems to use them. There is one occupational therapist. There is little diversive or recreational therapy. Psychotherapy is practiced on a limited scale, and perhaps this is fortunate—outside of Dr. Day, who is bogged down in administrative duties, only Dr. Johnson is trained to practice it. There is not one single social worker at Supply for its 1,600 patients.

Dr. Day and the present administration place too much emphasis upon economy. Earlier this year, Dr. Clarence Mitchell, an experienced psychiatrist, resigned from the Supply staff because he was refused drugs which he needed in the treatment of patients. He is now at Norman, well satisfied with the situation there.

Figures compiled at Norman show that it is cheaper in the long run to spend a few hundred dollars trying to cure a patient than thousands of dollars paying for a lifetime of custody.

The Supply hospital is the end result of years of neglect of our mentally ill by successive state boards of affairs and state legislatures. In every case of state-wide neglect like this, one "horrible example" always receives a large share of the criticism. The major weaknesses of Supply did not originate at that institution; they started at the state capitol where indifferent legislators and administrators have practiced "economy" in the treatment of the mentally ill in Oklahoma.

Crowded Hope Hall Quick to Disillusion Visitors in Hospital

THE approach to the Central State Hospital at Norman is most attractive. Along the tree-lined streets leading up to the main gate of the hospital are the residences of the medical personnel. Passing through the main gate, you walk up a paved driveway, past well kept lawns, to the main administration building, a well-built, two story brick affair.

Looking through the tastefully furnished offices of the administration building, you begin to wonder why the Marland report, way back in 1937, lambasted Central State Hospital for its very poor maintenance facilities.

You don't have long to wonder. The most important building at the Norman mental institution is Hope Hall, through whose doors pass all mentally ill patients, who are admitted to Central State Hospital. In theory, Hope Hall's job is to house only those patients who are receiving treatment or convalescing from treatment and, as such, it is the key around which all other branches of the state hospital revolve.

A new male patient, if he is not violently disturbed, is assigned a bed on the first floor of the men's section. Many of these new patients are border-line cases, suffering from slight mental quirks which can be cleared up in a few weeks if properly treated. Many of them are sensitive types—people who could not stand the tough reality of modern life, and hence wrapped themselves in the protecting cloak of unreality. Such people know pain, and they can feel it more deeply, often, than so-called normal people.

Many receive a rude shock their first night at Hope Hall. The beds on the first floor ward are jammed so closely together patients have to climb over the front to get into them. Most of the beds are badly in need of paint.

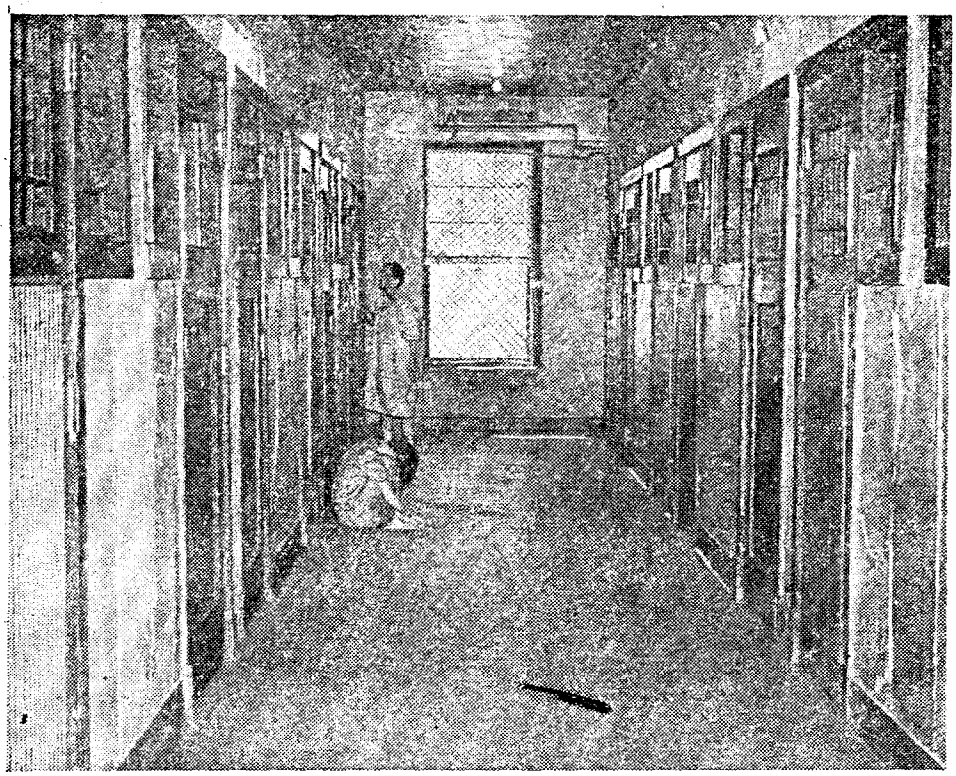
BECAUSE every ward has almost double the number of beds it should, there is a frightful odor. On the hottest of summer days, there is practically no ventilation—not one fan in any ward.

When the new patient opens his eyes the next morning and looks toward the window, he sees a heavy steel screening, rusted and broken along the edges. If he looks at the ceiling, he sights ugly gashes and chipped plaster. If he gazes out at the walls, he sees streaks, dirt marks, gaping holes, and so on.

When he goes to the lavatory, he finds a chamber of horrors where all toilets are open and no privacy is possible.

If he is restless, he has no place to go. He has no chair to sit in, no bedside table to put his few belongings on. If he walks down to the end of the hall, he encounters a locked door or iron bars.

If he is a disturbed patient, he is quartered on the second floor of Hope Hall. In addition to the dirt and squalor of



A typical scene in one of the wards for violent female mental patients at Norman's Central State hospital. Patients are kept in seclusion cells for long periods, violating all modern psychiatric standards.

the first floor, he is in for a few new experiences.

He sees several of his fellow patients writhing and grovelling on the floor. He hears the disturbed [illegible] nd occasional screams of m[illegible] seclusion rooms.

On the third floor [illegible]ll, there are wards for the phy[illegible] and for the bed-fast elderly people. Th[illegible]wards for the old men and old women are not pretty.

Jammed together, bed to bed, are these unfortunates living out their last days. No bedside tables, dirty linen, no ventilation, an overpowering stench, sagging wooden floors, desultory care from overworked attendants—this is the over-all picture.

IN ADDITION to Hope Hall proper, there are male and female annexes adjoining the building. The second floor of the male annex, devoted to disturbed cases, is one of the most unhygienic on the entire grounds.

The seclusion rooms on this floor would frighten even the state legislators who begrudge present appropriations for state mental hospitals. Caged in small rooms with a peep-hole slit in the door, many of these patients grovel nakedly about on a cold stone floor. Furnishings in these rooms usually consist of one dirty, night-soil stained mattress.

Hope Hall, however sorry its condition, is the show place of Central State Hospital—the best building on the grounds. When a patient is transferred from Hope Hall, in a very literal sense he leaves all hope behind.

There are several buildings at Norman devoted to the custody of male and female chronic patients. These are patients who have been mentally ill for a considerable period, and are not undergoing active treatment. However, with proper care and treatment many might be returned to community life. In addition, mixed in with these chronic patients are quite a few acutely ill patients who should be undergoing treatment but, because of the limited facilities and space at Hope Hall, cannot be taken care of.

In all the buildings for chronics, conditions are on the same plane. Some of the wards, with a normal bed capacity of 50, have 90 beds jammed together. There are no chairs and no tables. Crammed into one end of the ward are several hard, unpainted benches. Usually 30 or 40 patients crowd together, hip to hip, on these benches. They sit there idly hour after hour. A sensitive boy sits cheek by jowl against a hopeless chronic who wears a locked belt restraint.

There is about all of it the feeling of being penned in. Some of these chronic patients have not been out on the grounds in ten years. While this reporter toured several of these wards, a number of patients came up to the doctor and begged him to let them out for a little while. He had to refuse, explaining to me that the shortage of attendants made this impossible.

ONE building for female chronics at Norman deserves special notice. Built in 1918, it is the oldest structure on the grounds. It has old style iron prison bars in front of each window.

It is probably the most over-crowded and dilapidated structure in the state. The wards on the second floor are closed off by prison bar gates, always locked. When the doctor and this reporter made the rounds, many of the women patients rushed up and clung to the bars, screaming that they wanted out.

The dirt and over-crowding were almost indescribable. In one of the wards, the beds were double-decked, in violation of every standard of mental and physical hygiene. Patients who were not sitting on hard benches were lying on dirty floors and in hallways.

In these wards, where numerous acutely ill mental patients were quartered with the chronics, the toilet facilities, with their filth and lack of privacy, were enough to cause a sane person to break down. Several women were lying on the toilet floor.

Mealtime in this building is bedlam. The dining room, on the first floor, is unsanitary and depressing.

Five hundred mentally ill patients pushed their way into the low-ceilinged hall at supper time. There were long rows of wooden tables, unpainted and badly chipped. The patients sat on long benches, so closely packed they had to keep their elbows in as they ate.

The food was "served" by patient attendants. Each patient had an aluminum pan without any compartments, and the food was dumped into the pans.

All grades of mental patients were jammed into the room. Deteriorated patients who could use only a spoon ate in the same hall with acutely ill mental patients with sensitive table manners. It is hard to assess the damage done to sensitive minds by this procedure.

IN SOME ways, though, all this was as nothing compared with the buildings used for old men and women. Over 1,000 seniles jammed to the bursting point the limited facilities of the Norman hospital. It didn't matter that they didn't belong there—that they were admitted because the state had provided no other place for them. They were there, all over the place, and they gave the entire hospital that hopeless, tired atmosphere one finds in homes for the aged.

Ninety to one hundred old people were crowded in each of the wards for seniles. In the old women's sections, the scenes were heart-breaking. Not enough room to do anything. Not even space for slop jars on the floor. Many of the women had them in bed with them. A number of women had cookies, candies, and other foods piled up in bed, too. There were no bedside tables.

There was just one attendant for each of these senile wards. Many of the patients were unable to take care of their immediate wants. Everything devolved upon one attendant who had more than 90 patients to care for. The smell of the wards, the dirty linen, the fact that most of the patients were badly in need of cleaning and bathing, the old people lying helplessly on the floor—how could you blame the harassed attendants for these things?

The men's wards were equally as bad. The sight of so many old men sitting endlessly on long, hard benches was the last word in hopelessness. They lived in old, asylum type wards where they ate and slept in the same room day in and day out. There were spacious grounds outside, but they were doomed to spend their last few years in the same monotonous surroundings.

THAT'S the picture, building by building, but it doesn't begin to convey the over-all drabness of an institution which, theoretically, was designed for the cure of acute patients and for the adequate custody of chronic patients.

How did a new mental patient feel coming into these surroundings? This reporter talked to one, a man from Ponca City who had voluntarily committed himself.

"If I had known conditions were as bad as this," he said, "I never would have signed the commitment paper." It wasn't so much the dirt in the wards, the lack of good food, the plaster falling off the walls. It was the deadly monotony of asylum life, the regimentation, the depersonalization and dehumanization of the patient, the herding of people with all kinds and degrees of mental sickness on the same wards, the lack of simple decencies, the complete lack of privacy in an overcrowded institution, the contempt for human dignity.

But does a mental institution have to be like this? A negative answer was found right on the grounds of Central State Hospital.

A special building on the grounds was devoted to the care and treatment of 225 mentally ill veterans of both world wars. The American Legion had prodded the state into a decent appropriation for an attractive, two story brick building.

As soon as you opened the door of this building, the contrast to the other buildings on the grounds was startling. You entered the wards through a modern, nicely furnished dayroom, complete with radio, bright curtains, pictures, and fresh paint all over. Just off the dayroom was a recreation room with a large pool table.

The wards in this building, clean and bright, were not nearly as over-crowded as those in other buildings. Best of all, there was a large cafeteria with all the latest conveniences—a marble floor, high ceiling, polished tables, big blower fans, and the most modern of kitchen equipment. Patients were served in cafeteria style, the food placed in neatly compartmented metal trays. The atmosphere during mealtime was quiet and pleasant—a vivid contrast to the barbaric din of the other dining halls. Yet these veterans suffered from the same mental illnesses as those in the other buildings.

At the annex to Central State Hospital at Lexington, the contrast was equally vivid. The federal government turned the naval gunnery school buildings and grounds over to the state in March, and Norman hospital officials had transferred 560 patients there since then.

The patients occupied eight barracks, five for women and three for men. The barracks were in excellent physical condition and plenty of room was given each patient. There was a large and excellent cafeteria, similar to the one at the veterans' building. The grounds were in excellent shape, and many of the patients were allowed to use them under supervision.

When this reporter returned to Norman from Lexington, it was like turning the clock back to the 18th century. At Lexington, you felt that the patients, in roomy barracks and pleasant surroundings, had a chance; at Norman, you sensed one thing —an all-pervasive mood of hopelessness.

To cope with close to 3,400 mental patients crowded under the most adverse conditions, what kind of a medical staff does Central State hospital have?

The superintendent of the institution is Dr. D. W. Griffin, 73. Dr. Griffin came to Norman in 1899, and for 47 years has waged a constant battle to make the public aware of its responsibility to the mentally ill. The dean of the state's psychiatrists, and recognized throughout the country as one of the pioneers in the growth and development of state institutions for the mentally ill, Dr. Griffin has devoted his life to the fostering of Central State's mission. He has recruited all the doctors and nurses and practically every attendant on the staff today, and their moving loyalty to him is a tribute to the miracle he has performed in keeping the institution running on ridiculously inadequate appropriations from the legislature.

Dr. Griffin's assistant is Dr. Charles R. Rayburn, vigorous, powerfully built psychiatrist who is a veteran of 20 years service at Norman. Dr. Griffin took Rayburn under his wing after the latter's graduation from the University of Oklahoma medical school in 1928, and Rayburn has developed into one of the most brilliant and hard-working psychiatrists in the country.

Rayburn was a lieutenant colonel in the AAF neuro-psychiatric division during the war, and turned down many excellent offers to return to his comparatively low paying position at Norman. Rayburn is also psychiatric consultant to the state board of affairs, and has worked indefatigably to educate that board to its responsibilities to the mentally ill.

Key man in the research and treatment of mental disease is Dr. Moorman N. Prosser, another Griffin protege who graduated from OU medical school in 1935. Prosser has had a superb psychiatric education, spending two years interning in psychiatry at the government's famed St. Elizabeth's mental hospital in Washington, D. C., and also studying under Dr. Sakel, inventor of insulin shock, at New York's Bellevue hospital. Prosser, now in his mid-thirties, is a brilliant research man, and is the author of many papers on the treatment of mental illnesses.

THREE assistant physicians, Doctors Joseph Rieger, Clarence Mitchell and Harold Hackler, are all graduates of OU medical school. Rieger, like Prosser, spent two years interning in psychiatry at St. Elizabeth's, and is an expert in all forms of shock therapy. Mitchell spent seven years as an assistant physician at the Western Oklahoma mental hospital at Supply, requesting a transfer to Norman this year because of inadequate treatment given mental patients at Supply. Hackler joined the Norman staff in March of this year, and has but one year's experience in psychiatric work.

Junior member of the staff is Dr. Orville M. Fitzgerald, 30, youngest psychiatrist in any of the state mental institutions. Fitzgerald had a thorough interneship in Pennsylvania mental hospitals, and did neuro-psychiatric work for the navy in the south Pacific during the war.

With an excellent staff like this, far and away the best in the state and one of the finest in the country, how is it that Norman is unable to match the treatment record of many comparable institutions throughout the country?

First of all, each of the doctors carries a patient load of approximately 700, one of the highest in the United States. In addition to being responsible for this enormous number of patients, they have to supervise the intensive treatment given the acute mentally ill and concern themselves with the filling out of endless reports and case histories.

At Brooklyn State mental hospital, with approximately the same number of patients, there are 37 assistant physicians as compared to the six at Norman!

Because of this enormous patient load, all doctors at Norman work fearfully long hours. They are on call 24 hours a day, seven days a week, and all of them average a 12- to 14-hour working day. Vacations are luxuries seldom indulged in at Norman; Dr. Griffin, though in his seventies, has worked seven days a week for the last five years without a single day off, and no one on the staff has had any time off during the last three years. During the war years, three of the doctors collapsed from heart attacks because of overwork.

How does a grateful state legislature reward these men for back-breaking, nerve-wracking toil. Average pay of these doctors is $300 a month plus maintenance, a mere pittance compared to the money psychiatrists in private practice make right here in Oklahoma City. Every one of the doctors at Norman has received various offers at double and triple their present salaries, yet they have turned them down because they haven't the heart to desert their unfortunate patients.

The nursing staff is in even worse shape. There are only five graduate nurses at Norman, and only two of these are on the permanent staff. At Brooklyn State, with the same number of patients, there are 110 nurses, yet the superintendent there complains because he is 20 nurses short of what he needs to take care of his patients.

Miss Jessie Kellogg, superintendent of nurses, has been at Norman since 1929. She spends practically all her time in administrative duties and in training new attendants, and has little time for nursing duties.

HER assistant, Miss Sylvia Flood, took a post-graduate course in psychiatry at St. Elizabeth's, and has been at Norman since 1940. The training program for attendants, in addition to X-ray work, takes up practically all her time.

Miss Betty Dambacher, graduate nurse serving on a temporary basis at Norman, received excellent training in psychiatry in the New York state hospital system, including a course in insulin shock treatment at Rochester state hospital.

"I've never seen anything to compare with the conditions here at Norman," said Miss Dambacher. "There aren't enough nurses here to supervise the shock treatments, much less take care of the thousands of patients. I'm used to a set-up where there are plenty of student nurses around to help. There's not one single student nurse here at Norman. The 12-hour shift is brutal on a nurse, too—how can you do your best working long hours? I never worked more than eight hours at a stretch in New York."

The doctor and nurse situation is bad, but the attendant situation is worse. And that makes it impossible for Norman to

meet the lowest standards for the adequate custody, much less treatment, of mentally ill patients.

There is a total of 89 regular attendants at Central State—one attendant for every 37 patients. The attendants work 12-hour shifts, so on each shift there is one attendant for every 74 patients. Absolute minimum standard set by the American Psychiatric association is one attendant for eight patients, with one attendant for every four acutely ill mental patients.

Because of the low pay given attendants —they start at $70 and work up to $95 a month—the long hours, and the difficult nature of the work, it has been impossible for Dr. Griffin to recruit more attendants. During the war, practically all of his experienced attendants left for better paying jobs, and most of them did not return. Dr. Griffin has raided the nearby farms for most of them, and he and his staff have had a difficult time training them to meet minimum standards. A large percentage of the attendants are elderly men, too advanced in years to take advantage of higher paying jobs outside.

JUST as the private is the backbone of the army, the attendant is the backbone of a mental institution. If you don't have enough attendants, and the ones you have are of poor quality, no matter how fine the medical staff you boast, you're bound to have a poorly run institution.

In some of the wards at Norman, you have one attendant for 90 to 100 patients. Many of these patients are unable to help themselves, and the attendant has to see that they're fed, bathed, watched over, and bedded down.

In the disturbed wards, one patient may require practically all the attention of an attendant for a long period of time. During this period, all the other patients are neglected. No wonder, then the filth in most of the wards at Norman.

The shortage of attendants has led to serious shortcomings at Norman. Many acutely ill patients have to be put in mechanical restraints, in violation of state and national standards, because there are no attendants to watch over them. If a patient becomes violent, there aren't enough attendants to subdue him—he is clapped into seclusion. This is exceedingly bad for the patient, but, under the circumstances, what else can be done?

Because of the low pay and long hours, the turn-over of attendants is very high. It takes three to six months to train an attendant.

"It's heart-breaking how many leave right after the training period," said Miss Sylvia Flood, assistant superintendent of nurses. "They go to mental institutions in other states where they can get better working conditions."

In an effort to alleviate the shortage of personnel, Norman in recent years has used patients as attendants. At present, there are 77 patient attendants at Norman, almost as large a staff as the regular one.

TO SEE these patient attendants at work is a frightening experience. Most of them are chronics, have been at Norman for years, and their minds are badly deteriorated. Yet they are placed in charge of other patients, in responsible positions.

Most of the kitchen help is made up of these patient attendants.

There are many dangers in this practice. Some of them are placed in violently disturbed wards, and they don't have the experience or mentality to cope with recurrent crises. This reporter talked to a 69-year-old patient attendant who, two nights before, had suffered 14 gashes in the head from a violently disturbed patient. Accidents like this are not uncommon.

The using of patients as attendants, condemned by every mental health organization in the country, is deplored by the medical staff of the hospital.

"If we had enough regular help, I wouldn't use one of them," said Miss Jessie Kellogg, superintendent of nurses. "If they were mentally competent, they would have been discharged from here."

"Except on the grounds of absolute necessity, it is an indefensible practice," said Dr. Rayburn, assistant superintendent. "It gives them nerve-wracking responsibilities they shouldn't have to assume. It is very bad for the patients—many of the more sensitive ones are deeply resentful of other patients bossing them around. And it is exceedingly bad for the institution as a whole. Instead of neatly dressed attendants with professional backgrounds, you have a bunch of unkempt, mentally sick people carrying out some of the most vital functions of a mental institution."

Shock Therapy Helps Mental Patients at Norman Hospital

CENTRAL State hopsital at Norman, despite its enormous over-crowding and the deplorable smallness of its medical staff, is making a tremendous effort to use the latest therapies in the treatment of acutely ill mental patients.

In spite of screwy public notions about mental illness, modern psychiatry has made advances all along the line so that our best mental hospitals today (not in Oklahoma) are on a par with the therapeutic standards of the best hospitals for general diseases.

In the medical profession, the term "insanity" no longer has any medical meaning. It is a relative term, a vague, sociolegal concept applied to people deemed so emotionally or mentally upset that they cannot be held responsible for their acts, and require some kind of social control.

Just Queer Elsewhere

A man or woman considered "insane" in one community or social setting may be regarded as just queer or eccentric in another. Any psychiatrist will tell you that many inmates of mental hospitals are less disturbed than many people on the outside, including some who have achieved outstanding successes in social, ecnomic, and artistic life. A surprisingly large percentage of the inmates in all Oklahoma's mental institutions are people who have enjoyed marked success in professional and business lines—doctors, lawyers, public officials, educators, etc. They possessed sensitive, high-strung minds. In their escape from the painful jungle of human conflict, they have retreated into private worlds closer to their heart's desire. They have committed mental suicide, or tried to.

Manic-depressiveness and schizophrenics comprise the two largest classes of mentally ill patients in Oklahoma mental institutions. A manic-depressive is one who suffers from alternating moods of high excitement and melancholia. A schizophrenic, or dementia praecox, suffers what is known as a split personality; he has retreated from the real world and built up a new personality. Schizophrenia frequently manifests itself in paranoid delusions—a typical case may feel that his relatives are conspiring to murder him, or that he has a million dollars of which they are trying to relieve him.

Radical Treatment Used

In treating these two major types of mental illness, most modern psychiatrists advocate what is called the "total push therapy." It consists of an all-out blitz attack on the mental illness, including shock and other special treatments, occupational therapy (work adjusted to the individual needs of the patient), recreational therapy (daily walks, gymnastics, sports), and diversive therapy (directed reading, music, movies, etc.)

At Norman, all three types of shock treatment are used, and many recoveries have been effected as a result.

First successful type of shock treatment developed was hypoglycemic or insulin shock therapy, introduced by Manfred Sakel in 1933. The aim is to induce a state of hypoglycemia (which may be defined as a condition of sugar deficiency in the blood) through the agency of insulin. The doses of insulin are increased daily until the so-called shock-dose is reached, whereupon the patient lapses into a state of coma of deepening intensity. This coma is terminated after about five hours through the administration of a neutralizing sugar solution.

30 Patients Treated

At Norman, insulin shock is now being given to approximately 30 patients a week. Patients under insulin shock have to be watched every minute. Immediately after the injection of insulin, they go into severe convulsions and have to placed in restraint. During the long period of coma, many are violently disturbed, physically and mentally. Coming out of the coma, they are frequently dangerously disturbed.

At Norman, treatment is given under the most adverse conditions. This reporter watched a treatment given to a group of 14 male patients and 16 female patients. In the female section, there was only one nurse to care for 14 excited and dangerous women. One disturbed patient, in convulsive shock, sometimes demands the entire efforts of a competent nurse. At hospitals in other states, three or four nurses would be used under the same conditions.

There was only one doctor on duty for the entire 30 patients under shock. This was considerably below standard, since each patient must be closely watched for dangerous heart and other reactions. In the men's section, there were two young patient attendants to handle the men as they came out of coma. Under these circumstances, an accident is very liable to occur.

High Competence Needed

Bernard Gleuck, a leading modern psychiatrist, wrote in a recent issue of the "Journal of the American Medical Association": "It (insulin shock) requires a degree of competence, vigilance, and conscientious attention to detail second to none in the entire medical and surgical and psychiatric technique of contemporary medicine."

By this standard, the procedure at Nor-

man shows too many dangerous deficiencies. However, the doctors at Norman are to be commended for continuing their insulin shock treatment. There is no doubt that insulin shock therapy has helped many patients who otherwise would have been relegated to the ranks of the incurables. A recent report by the New York State Temoprary Commission on State Hospitals, revealing the findings of an intensive five-year study of insulin shock treatment given to schizophrenics at Brooklyn State hospital, showed that 79.6 percent of the schizophrenics given insulin shock treatment at that institution were able to leave, as compared with only 58.8 percent of the patients treated with other shock or non-shock methods at other hospitals.

In addition to insulin shock, metrazol and electric shock treatments are given at Norman. Both are much less difficult and less expensive than insulin shock.

Metrazol Is Effective

Metrazol, a camphor-like drug, is injected into the veins of the patient. The convulsive period lasts about a minute, and then the patient passes into a deep sleep lasting 15 or 20 minutes. Recent studies have indicated great success with metrazol treatment on schizophrenics. About half of all patients treated with metrazol shock at Brooklyn State hospital are sent home cured or much improved; three out of four recover if treated within six months of the onset of the mental illness.

Electric shock is the newest of the shock therapies. An electric shock headgear is adjusted to the patient's head, and the current is fed at 120 volts from a small machine. The patient becomes rigid, then is seized with epileptic-like convulsions lasting about a minute, then falls into a sleep lasting 15 or 20 minutes.

Theory behind all three shock treatments is that the patient, during the period of coma and immediately subsequent to it, shakes off his imagined ills and delusions and moves back toward reality.

Equipment Shortages Doom Many Patients in Norman

SINCE the incidence of shock treatments 15 years ago, thousands of mentally ill patients all over the United States, previously regarded as incurable, have been treated and returned to community life.

Yet, today at Norman's Central State hospital there are hundreds of acutely ill mental patients who might be cured, slipping into the incurable class because of lack of equipment and shortage of medical and nursing personnel.

Doctor Prosser, a keen student of psychiatric therapy, estimates that there are 700 acute patients at Norman who should receive treatment, but are not getting it. He points out that 95 percent of the cures are effected in the first 12 months of a patient's illness, so that each day sees more of these abandoned 700 sinking into the incurable class.

Disregarding the moral wrong involved in callous neglect of these unfortunates, the cost to the state over a period of years is enough to make some of our economy-minded state legislators stagger off their soap-boxes.

Social Study Prepared

Doctor Prosser has prepared a special study of the cost to the state of lack of

Dr. D. W. Griffin, 73-year-old superintendent of Norman's Central State hospital. The dean of the state's psychiatrists, and recognized throughout the country as one of the pioneers in the development of state institutions for the mentally ill, Dr. Griffin has spent 47 years at Norman.

treatment for one class of patients, the schizophrenics.

The average cost of a three-month intensive treatment is $247.50. If the schizophrenic is untreated, his average stay in the hospital is 20 years, at a cost of $5,188.80 to the state. Note the difference in these two figures. Even if the treated schizophrenic enjoys only five years at home, and then is readmitted, the state has saved almost a thousand dollars.

Now Doctor Prosser does a little multiplying. Each year about 210 cases of schizophrenia are admitted to Central State. If not given treatment, these cases have a potential cost to the state of over a million dollars. If given treatment, using statistics for rate of recovery at Norman, Doctor Prosser concludes that the state will save at least $200,000 a year from those who return to their homes either permanently or for several years. This is not speculation—these are actual figures, and they cover treatment for only one type of illness.

Of course, this study does not take into account the tremendous human factors involved in the restoration of the individual to mental health, the rehabilitation of broken families, and the gain to society in the return to it of so many of its highest type citizens.

2,000 Chronics at Norman

And this study glosses over the fact that many hospitals have effected amazing cures on chronic patients who were formerly regarded as incurables. There are 2,000 chronic patients at Norman—who knows how many of them could be cured if equipment and personnel were available?

In the past year, the Norman medical staff has done some limited experimenting on a few chronics. In one case, through the use of combined shock treatments, they cured a stuporous schizoid, a patient for 12 years, who at one time used to nail his feet to the floor. Today he is completely well, employed in a professional job. In another case, they cured a woman patient who hadn't talked in four years and had to be fed at every meal until given intensive shock treatment. Today, she is employed by one of the largest banks in the state. A third case, a male patient regarded for years as completely hopeless, was cured last year and was recently a candidate for political office.

Doctor Fitzgerald, junior member of the staff, recently started shock treatments on a group of 16 chronics who had been patients for years. After just two shock administrations, merely the beginning of treatment, four of the patients showed cooperative tendencies, voluntarily eating their meals and keeping their clothes on for the first time since entering the institution.

Appeals Go Unheeded

Doctors Griffin and Rayburn have begged the state legislators for years for money to carry on an intensive shock treatment program.

"I'll stake my reputation on an experiment," said Doctor Rayburn. "You give me 100 tubercular patients, and 100 mentally ill patients, and I'll give you a higher rate of recovery among the mentally ill group. Today our tubercular institutions in the state get three times the money per patient we get. They should get sufficient funds, but it's about time the legislature and the public woke up to the fact that our number one health problem today is mental illness."

If the situation in regard to shock treatment at Norman is pretty bad, it's ten times worse when studied in the light of the auxiliary therapies which must be used in connection with shock treatment.

Occupational therapy at Norman is farcical. Modern psychiatrists agree that a planned work program, fitted to the individual needs of each patient, is essential in promoting cures. At Norman, with 3,400 patients, there is one occupational therapist, an elderly woman with no training in the field. She presides over a small building where less than 10 patients' go through the motions of needle-work and rug-weaving.

The advantages of occupational therapy have been recognized by most major mental hospitals in the country. The patient's mental attitude is favorably influenced; good habits are induced and maintained; the socialized process which prepares the patient for life in the normal community is accelerated; and the whole atmosphere of the hospital is improved. At Pilgrim State Hospital in New York, there are 100 occupational therapists!

Recreational therapy is unheard of at Central State. At the better mental hospitals, gymnastics, sports, rhythmic exercises and other forms of recreation and amusement are carefully planned in accordance with the needs of the patients.

Diversive therapy is likewise neglected. Music therapy, dating back to the time when David cured Saul's melancholy by playing on his harp, is increasingly used in all modern mental institutions. It does

not exist at Norman. Directed reading and other activities are not used, either.

Hydrotherapy, the use of baths and wet packs in furthering the cure of mentally ill patients, is practiced on a very limited scale at Norman. There are only six tubs for sitz baths at Norman; there should be at least 24. Central States doesn't have a portion of the hydrotherapeutic equipment found in every progressive hospital today. The state department of health requires one physio-hydro-therapist for every 30 patients; Norman has none for 3,400 patients.

Pschotherapy, which has made tremendous strides in the last two decades, is practiced on a small scale. It helps cure many patients through the use of suggestion, persuasion, progressive relaxation, hypnosis, personality analysis and psychiatric interviews. It is a tremendously important therapy, and is widely practiced throughout the country. However, it requires that a great deal of time be spent with each patient—the patient's thought processes must be searchingly analyzed. Doctors at Norman have an average patient load of 700. Q. E. D.

At this point, some of our economy-minded legislators might argue that all of these therapies sound like a lot of panty-waist frills. In fact, at least one member of the board of public affairs, which supervises our state mental hospitals, was most impatient when this reporter attempted to explain them to him. He had not been in a single one of the hospitals this year!

Instead of being frills, these various therapies, if properly used, could save the state of Oklahoma untold amounts of money. Because they are not used at Norman, over 3,000 mentally ill people spend all their time brooding over their imagined ills. The modern idea in psychiatry is to keep the patient occupied, to draw him away from the unhealthy thoughts which make him lose touch with reality. At Norman, the patients stare at the walls 16 hours a day and, because of this, their mental deterioration is alarmingly rapid.

Even patients who are discharged from mental hospitals in Oklahoma have two strikes against them when they return to their communities. At Norman, there is just one social worker to handle the socio-economic problems of the 80 or more patients paroled to community life each month. She has had no training in psychiatry, has to do her own typing, is on call 24 hours a day, and is paid $1,920 a year.

The return of a mentally ill person to normal life from an institution is probably the most delicate of all individual and societal problems. Such a person, unaided, frequently breaks down under the strain, with consequent readmission to the hospital, perhaps permanently this time.

Upon his return to society, the discharged patient is invariably burdened with new handicaps, one of the heaviest being the "stigma of insanity," with which the former patient of a "madhouse" is branded. The patient cured of pneumonia or typhoid or tuberculosis can take up his affairs at the point where his temporary illness had interrupted his normal routine. But not the recovered mental patient. He is a marked man. He had been "crazy."

Many times the family or socio-economic conditions which caused the patient's breakdown still exist. Because there is no social worker to smooth out family problems, to help him gain employment, he is frequently back at Norman a week after he is discharged. The high number of readmissions at Norman is a serious indictment of the state's callous disregard of the tremendous advances made by other states in the care of discharged mental patients.

Nor have we discussed the lack of research in psychiatric problems at Norman. Each year brings new advances, new departures in the treatment of the mentally ill. There have been experiments involving a chemical attack on mental disease, studies of the endocrine glands as precipitating factors, research on the effect of nutrition on mental processes, and the development of a whole new psychological therapy.

As Dr. Arthur Ruggles states in his "Mental Health: Past, Present and Future": "No single school of thought can explain the variety of conditions arising in mental disorders, and the great need of the present day is for soundly trained physicians who will be able to apply a variety of methods of study to the complex phenomena of mental maladjustments."

Research at Norman? There is one doctor at Norman for every 700 patients. Q. E. D.

All Types of Negro Patients Mixed at Taft

THE State Hospital for the Negro Insane, located at Taft, was established in 1943. At that time, more than 500 Negro patients were transferred from Central State Hospital at Norman to the new institution.

The brick buildings at Taft are in fairly good physical shape, and the grounds are spacious and well-kept. There are more than 800 patients for a listed bed capacity of 700 and, while the over-crowding is not as severe as in the three white hospitals, it is still pretty bad. Some of the patients are without beds; mattresses are thrown on the floor for use at night.

The wards are kept reasonably clean, but there is an acute shortage of bedding. Many of the beds have little or no clean linen. The furnishings in the wards and dayrooms are far from adequate; most of the patients sit around on the same drab-looking benches found at the other state institutions.

The central dining room is also similar to those at the three white hospitals, which means it is none too good. Patient attendants help in the kitchen, and the serving is a dismal affair.

Two Doctors in Charge

There are only two doctors at Taft. Dr. E. P. Henry, the superintendent, has been at Taft since its opening. The assistant physician, Dr. C. E. Ford, came to Taft in 1942. Neither has received any formal training in psychiatry, and are unable to handle the enormous patient loads assigned them. In addition to their duties at the mental hospital, the doctors are responsible for the inmates at the Deaf, Blind, Orphans' Home, and the Girls' Training School, both several miles from the hospital. On many a day, as on the day this reporter toured the institution, there was just one doctor at the mental hospital to care for more than 800 patients.

There are two graduate nurses at Taft. While this is considerably below standard, it is better than the situation at both Vinita and Supply. There are 50 regular attendants, and a much higher percentage of attendants per patient than at any of the three major white institutions.

A limited amount of shock treatment is given. Approximately 40 patients are receiving either metrazol or electric shock at the present time. Dr. Henry says there are many more acutely ill mental patients who should be getting shock treatments, but staff limitations prevent this.

Other Therapies Weak

Therapies related to shock treatment are very weak. Occupational therapy is restricted to the women; the men have too much idle time on their hands. There is little diversive or recreational therapy, and practically no psychotherapy. There is no social case worker for the patients.

The major weakness at Taft, one which has made it a critical target in every survey of the state's mental institutions, is its complete lack of separation of various classes of mentally ill patients. The Brookings Institution in 1935, and both the Marland and National Mental Hospital Survey committees in 1937, took the state over the coals for this condition.

At Taft, you have close to a hundred mental defectives, many of them children. These unfortunates are not "insane"; they are merely suffering from a degree of incomplete mental development. Yet, in violation of all state and national psychiatric standards, they are committed to a hospital for the insane. In many ways, this is the worst of all the indignities heaped upon the mentally ill in Oklahoma.

Epileptics in Same Place

Mentally defective children, because of this situation, spend most of their time in the company of deranged adults. Dr. Henry knows the dangerous consequences of this; these children continually pick up improper language and bad patterns of conduct. Equally serious, they receive none of the training and schooling modern psychiatry has prescribed for them.

At Taft, also, are 60 epileptics. Epileptics are not "insane"; a great number of them, apart from their convulsive periods, show little mental impairment. Modern psychiatric theory holds that epileptics suffer great damage when confined in a general institution. In most other states, they are confined in colonies closely approximating normal community life.

This lack of classification of the mentally ill at Taft is so serious as to impair practically all the work it is attempting to do. To see little children, adult mental defectives, schizophenics, and seniles milling about in one small dayroom is a heart-breaking sight.

Epileptics Get Food, Shelter, Little Else In Mental Hospitals

IN establishing the State Home for Epileptics at Pauls Valley in December, 1944, the state took the first and important step in the segregation of its epileptics.

It is unfortunate, then, that the state did not take the second necessary step and make it a decent place for them to be quartered.

The Pauls Valley institution houses 314 patients at present, and they live under

conditions so disheartening it is hard to imagine.

All of the buildings at the hospital are badly in need of repair. Cracks in the wall, falling plaster, holes in the floors, a sad lack of paint—these are the rule rather than the exception. Many of the wards are 100 percent overcrowded—20 beds jammed into a ward built for 10.

Some Rooms Unventilated

Some of the strong, or seclusion rooms have no windows and absolutely no ventilation. There is dirt in all the hallways—piles of dirty linen on the floor, and seedy-looking clothing lying about.

The toilet facilities are the worst in the state. Several of them have no windows, and no air nor light comes in—the resulting stench is over-powering. In one toilet, the water stood a foot deep on the floor, and a pile of clothing floated in one corner.

The main dining room is completely inadequate, and there are two sittings at every meal. The kitchen is as unhygienic as the one at Fort Supply.

Dr. Carl Steen is the sole physician assigned to Pauls Valley. Dr. Steen was on the medical staff at Central State Hospital at Norman for 20 years. During the war, he suffered a heart attack because of overwork, and was transferred to Pauls Valley. He is an experienced and competent psychiatrist, and is most sympathetic to the problems of the epileptic.

There are no nurses at the institution, and only 25 regular attendants. Patient attendants are used extensively, with the usual results.

Situation Is Dangerous

The shortage of staff personnel creates a highly dangerous situation. Epileptics, though not "insane," require a great deal of close personal attention. They are subject to convulsions and fits of temperament, and during these recurrent periods, their behavior is unpredictable.

Because of the shortage of attendants, there are many accidents at Pauls Valley. Many of the patients have lacerated heads, body bruises, and black eyes. Attendants have been attacked on a number of occasions, and are usually hurt before the convulsive patient can be subdued. Several nights before this reporter's visit to the institution, one of the attendants had to beat a patient into submission with a flashlight.

On a tour of the hospital, this reporter noticed several patients lying about the grounds in convulsive state. One was writhing on the hard stone walk in front of one of the buildings. While it is true that little can be done for patients during a convulsive state, there was no attendant nearby to watch during the attack.

Because of the small number of attendants on duty at Pauls Valley, more restraint is used at this hospital than at any other mental hospital in the state. Heavy leather leg belts and locked belts restrain a large number of patients, and there is an excessive amount of seclusion practiced.

Shock of Little Use

Shock treatments have had little effect in treating epileptics; in the last few years, various drugs have been used in an attempt to reduce the number and violence of the convulsive seizures.

The major deficiency of the Pauls Valley home for the epileptics lies in its failure to provide the occupational and recreational therapies which modern psychiatry insists epileptics must have. In the past fifty years, many states have established epileptic colonies boasting a ramified system of occupations, educational facilities, amusements and entertainments. These colonies closely approximate normal community, since the epileptic, apart from his periods of seizure, follows a fairly normal pattern of behavior.

Pauls Valley will have to be greatly expanded, and its whole plan of operation changed, before it can even begin to meet the minimum national psychiatric standards set for the care of epileptics. Dr. Steen estimates that there are over one thousand epileptics in the state of Oklahoma, some of them scattered in other institutions, and many at home. Under the present set-up, they are being completely neglected.

Mental Hospital At Enid Is Best

THE Northern Oklahoma Hospital at Enid, opened in 1908, is the only one in the state for the care of mental defectives.

There are many popular misconceptions about the mentally defective or feebleminded. The best definition of this class of mental patient is found in the New York state mental hygiene law:

"Mental defective means any person afflicted with mental defectiveness from birth or from an early age to such an extent that he is incapable of managing himself and his affairs, who, for his own welfare or the welfare of others, or for the community, requires supervision, control or care, and who is not insane or of unsound mind to such an extent as to require his commitment to an institution for the insane."

The mentally defective are divided into three main classes—ranging from idiots at the lowest mental level, through imbeciles, to morons. All three can be found at Enid, from a year-old child to a 70-year-old senile.

The Enid institution is the most attractive looking mental hospital in the state. Built on the admirable cottage plan, it consists of a number of two-story brick buildings stretched out over spacious well-kept grounds.

The over-crowding at Enid is severe, with 1,250 patients jammed into a bed capacity of but 800. In many of the wards, the beds are pushed jam up against one another, and patients going to the bathroom must climb over the front of the beds to get out. There are 250 beds in the ward reserved for non-ambulatory patients, and in the small wards for babies the cribs are too close together.

Yet, despite the serious over-crowding Northern Oklahoma Hospital is a model of cleanliness. Most of the floors have been treated with a rubberized compound, and are kept shiny at all times. The walls have been painted recently, and are almost free of cracks and dirt marks. There are curtains on all the windows, and the beds, which are washed down and aired once a week, boast of clean white linen.

The low grade wards, where deteriorated mental defectives who are unable to care for the simplest of body wants are quartered, are very good. Though these patients continually soil themselves and have to be bathed an average of three times a day, the wards are in almost as good a shape as the ones for the high grade patients.

The two wards for epileptics, though badly over-crowded, present refreshing contrast to the dismal filth of the wards at the State Home for Epileptics at Pauls Valley.

All of the toilet facilities are clean and sanitary despite the deteriorated condition of a large number of patients who use them.

There are 14 separate dining rooms, one for each building, and everything has been done, including the placing of flowers on the table, to make them as pleasant as possible. Cooking for each of the dining rooms is done in kitchens which are located in the same building.

On a tour of the institution, this reporter was continually surprised at the pleasant atmosphere and conditions provided for these mental defectives.

There were airy play rooms, with game tables and pictures on the walls. The linen and clothing closets were spotless, with every patient's clothing carefully marked. The attendants wore clean white uniforms, and most of the patients had freshly pressed clothing. Ventilation was excellent throughout, there were few roaches and flies, and there wasn't the slightest evidence of an unpleasant odor in any of the buildings.

Mrs. Anna T. Dunnam is the superintendent of the Northern Oklahoma Hospital, having been appointed to the post by Governor Kerr in 1942. There have been too many changes of administration since the opening of the institution, and it is not unfair to say that there has been too much political intermingling in the affairs of the hospital.

There is not one trained psychiatrist at Enid, which is a serious violation of state and national psychiatric standards. Back in the thirties, there was a medical superintendent and an assistant physician assigned to this hospital. Most modern psychiatrists agree that little can be done to cure mental defectives, but there should be several psychiatrists on hand to deal with behavior problems and training problems.

There are 14 matrons, one in charge of each building. They are competent and diligent, and seemed imbued with an enthusiasm lacking in most attendants at other mental hospitals in the state. Assisting the matrons are 52 regular attendants, about 50 short of the number needed to handle the patient load properly. Because of the attendant shortage, a large number of the patients have been drafted for work details.

The problem of the mental defective lies in the field of education and training rather than in medical treatment and, in some phases of this work, the Enid institution falls down. Franklin B. Kirkbride, son of the great psychiatrist, Dr. Thomas Kirkbride, put the whole problem well when he wrote:

"The feebleminded are no different from the rest of the population, except in degree of mental development, and consequently should not be considered as a class apart, but rather be treated as nearly as possible like human beings."

They cannot be cured, but a large percentage of them can adjust—and do adjust—to varying levels of self-sufficiency

in normal society or in institutional life, in spite of the fact that they can never develop above a subnormal mental level.

Mrs. Dunnam has no professional help to handle the limited training program she has instituted. There are no occupational or recreational therapists, and no social case workers. These deficiencies are so serious, and so far below minimum standards set by the American Psychiatric Association, that they handicap the entire functioning of the Enid institution.

At institutions and colonies for the mental defectives in most other states, a comprehensive school program, adjusted to the educational level of the patients, is carried on. In 1937, both the Marland and National Mental Hospital Survey committees criticized the Enid institution for its weak school program.

Mrs. Dunnam, with the assistance of two full time school teachers, has done a remarkably good job in improving the educational program. When she took over at Enid, they were actually attempting to teach algebra to the mental defectives!

She has substituted a more practical program adjusted to the needs of the various mental classifications. Lessons in the value of money, the writing of letters, and useful facts about the immediate environment form the basis of the revised curriculum. Progressive visual methods are used, and pictorial charts are the best teaching aids.

An active occupational program is maintained, despite the lack of a trained therapist. The male patients work in carpenter, shoe repair, painting, and other shops, and do all the repair work around the hospital. The female patients work in the laundry and sewing shops. As one result of this, economy-minded Mrs. Dunnam hasn't had to buy one sheet for the hospital in her four year tenure; all the sheets are made from flour sacks.

Recreational and diversive therapy is used a great deal. In 1937, the National Mental Hygiene Survey Committee chastised the Enid institution for not possessing one set of games. Today, there are stacks of games and several attractive game rooms.

Despite the absence of a trained recreational therapist, there is a fine musical therapy program at Enid. Mrs. Dunnam drafted the hospital's barber for the work, and he has assembled and trained a 28-piece band. Outfitted in monogrammed uniforms, they give band concerts under the lights for the Enid townsfolk. Seeing these unfortunate mental defectives, so intensely proud of their uniforms, giving one of their concerts, was the most moving experience this reporter encountered on his whole tour of the state's mental institutions.

This musical therapy gets results, too. The star trombone soloist in the band is an epileptic who always walked around with his head sunk into his chest. Today, he struts with his head high, and is one of the most cooperative patients in the institution.

Under Mrs. Dunnam's administration, the Northern Oklahoma Hospital has improved tremendously, but is has a long way to go. Several new buildings are badly needed, because the over-crowding is severe and there are hundreds of mental defectives scattered in other institutions and in homes throughout the state who belong at Enid.

The educational and training program must be expanded, for there are a large number of patients who could return to society if properly trained. There is a need for at least two occupational and two recreational therapists, and at least two resident psychiatrists. Research into the cause and possible cure of mental defect is making rapid progress, and doctors should be on hand to initiate studies here in Oklahoma.

Further, the constant changing of administrations is detrimental to the Enid hospital. The present administration has done an excellent job.

Public Apathy Is Given Full Blame for Conditions

"MAN'S inhumanity to man is nowhere so evident as in our mental hospitals. . . . All too frequently the public is content to delegate its conscience to public officials in order that it may wash its hands of matters which it should make its concern.

"The loss of the individual to the community through mental ill health is staggering. In its seriousness, it is not approached by any other disorder.

"In common humanity and respect for the individual, the care of the mentally ill should become a matter of concern to every taxpayer and to every community."

This indictment, from the pen of Dr. George B. Stevenson, medical director of the National Committee for Mental Hygiene, hits at the basic weakness in Oklahoma's treatment of its mentally ill.

In the fact of an overwhelming accumulation of facts, the majority of our citizenry remains indifferent to the state's number one health problem.

More than one-half of all hospital beds in this country are occupied by mental patients; yet, for every $10 expended for physical health services, only $1 is spent for mental health.

Each year, the general public contributes about $48 million to fight disease—cancer, infantile paralysis, tuberculosis, and others. More than $14 million goes to 680,000 tubercular cases; $10 million to 125,000 cases of infantile paralysis, and $1 million to 700,000 cases of cancer.

Yet, for over 10 million cases of mental illness, a far larger number than all other illnesses combined, we spend $300,000—less than one-half cent of every dollar contributed to fight illness!

Still worse, we Oklahomans turn the other way when confronted with figures which show our state to have one of the worst records in the country. We are 45th in per capita expenditure per patient, 43rd in number of doctors per patient, 45th in number of nurses per patient, and 41st in number of employes per patient. Our expenditure is 20 cents a day to feed our mentally ill.

In the face of developments in the last 20 years which have shown that hospitals in other states are salvaging as high as 50 percent in their mental wrecks, we go on allowing our state legislatures to practice a false economy which has cost the state several million dollars in savings from the cure of acute patients.

Leonard Edelstein, executive secretary of the National Mental Health Foundation, wrote recently:

"Partly due to the stigma that has shrouded insanity, partly due to a lack of general recognition of the severity of the problem, we, the public, you and I as individuals, have not taken the necessary action—to inform our legislators we desire and are willing to pay for community clinics, training centers, research laboratories and higher standards in our mental institutions."

This, then, is the first step—an aroused citizenry must demand that the legislature appropriate sufficient monies to wipe out the manifold abuses inherent in our system of caring for our mental cases.

Every committee which has made a survey of the status of the mentally ill in Oklahoma has recommended that the super vision of state institutions be given over to a separate department.

In 1937, the National Mental Hospital Survey committee wrote: "The board (state board of public affairs) has more functions than it can properly administer under present arrangements. A board which changes every four years, or at any time at the discretion of the governor, has no opportunity for planning consistent development of the state's institutions.

"No concerted plan for the development of the mental hospitals will ever be possible in this state until political considerations are eliminated and a central department is established by the legislature, equipped in personnel and vision to furnish foresight and leadership. The history of the state hospitals is a story of the shame of political patronage and Oklahoma is still in a virulent stage of this disease."

In that same year, Dr. Grover A. Kempf was quoted in the Marland report as stating:

"State mental hospitals should be administered by a department of mental hygiene, a division of the state public welfare unit of government. This organization should be the supreme governing body having final authority and responsibility, and should be composed of men familiar with the problems and needs of mental hospitals."

In recent years, a large number of the states have established departments of mental hygiene, headed by a mental hygiene commissioner who is an experienced psychiatrist. Ohio, recently the target of an expose in "Life" because of its medieval treatment of the mentally ill, adopted this plan and has succeeded in eliminating a great many abuses.

Third major step, and an absolute must if Oklahoma is to pull itself abreast of modern psychiatric developments, is the construction of a general psychopathic hospital for the observation and treatment of mental illness in its early stages. Over the years, thousands of Oklahoma's mentally ill have been relegated to the ranks of the incurables because we have had no hospital to treat mental illness during the stage when it can be cured—the first few months after its onset.

This psychopathic hospital could be the cornerstone of a complete change in Oklahoma's attitude toward the mentally ill. Instead of emphasizing the costly custody of our mentally ill, the new hospital could spearhead the fight on the prevention of mental illness, and its treatment and cure in its first stages. In recent years we have made great advances in catching cancer, infantile paralysis, and other diseases at the outset.

The new psychopathic hospital should receive all classes of mental patients for first care, examination and observation, and provide short, intensive treatment for incipient, acute and curable insanity.

Ample facilities should be available for the treatment of mental and nervous conditions, the clinical study of patients in the wards, and scientific investigation in well-equipped laboratories, with a view to prevention and cure of mental disease and addition to the knowledge of insanity and associated problems.

Clinical instruction should be given to medical students, the future family physicians, who would thus be taught to recognize and treat mental disease in its early stages, when curative measures avail most. Such a hospital, therefore, should be accessible to medical schools, other hospitals, clinics, and laboratories.

It should be a center of education and training for physicians, nurses, investigators, and special workers in this and allied fields of work.

Its out-patient department should afford free consultation to the poor, and such advice and medical treatment as would, with the aid of district nursing, promote the home care of mental patients. Its social workers should facilitate early discharge and after-care of patients, and investigate their previous history, habits, homes and working conditions, and environment, heredity and other causes of insanity, and endeavor to apply corrective and preventive measures.

If it follows the lead of other states, Oklahoma will establish a series of mental hygiene clinics throughout the state. Up until now, Oklahoma has followed the medieval procedure of isolating its mentally ill. Other states go out to the communities and rout out mental illness at its source. As a start, a small clinical staff, consisting of a psychiatrist, a psychologist, and a social worker, could be set up in a general hospital or health center in each of the three districts where a state mental hospital is located.

Subsidiary to the mental hygiene clinics, at least three child guidance clinics are necessary, one in each district. Many of the ills and maladjustments of adults can be traced back to childhood, and there are 159 adequately staffed child guidance clinics in the country, in addition to 426 where some help in child guidance can be secured.

These proposals are much more realistic than any suggested by devotees of a false economy. Until we have a psychopathic hospital, to which we can attract and train young psychiatrists equipped in the latest therapies, we shall continue to waste thousands of dollars every year caring for mentally ill patients who could be cured. For every dollar spent to advance knowledge of the cause, diagnosis and cure of mental diseases, the American people have heretofore spent $100 to care for the known mentally ill.

Oklahoma has been criticized in report after report for not having a state-wide master plan for care of the mentally ill; measures have been taken in haphazard fashion through the years. When the master plan is drawn up, it should be submitted to the state legislature for appropriate action.

In concluding this series, we can do no better than quote from the recommendations made in 1936 by the National Mental Hospital Survey Committee.

"To devise plans for the financing of these additional burdens is a perplexing problem, and it will have to be on a long-term basis to carry out the cost of new construction and the additional personnel needed.

"The provision of adequate treatment is not only an obligation but it also has its economic value in that more patients will be returned to their normal place in the community in a shorter time. A commonwealth that is developing has an advantage over a more static community in that it can adopt the most advanced ideas in its development and so surpass other communities.

"Whatever the future may bring, Oklahoma cannot look on itself with pride until provision is made for adequate care of its mentally helpless citizens."

Oklahomans Demand Aid For Mentally Sick

TO THE EDITOR:

I am J. E. Pierce of the Committee for Social Advancement of the American Veterans' Committee at Norman. We all have read your articles on the state's mental institutions, and we are in deep sympathy with your views, as we understand them, on the subject.

We have formed a sub-committee of the AVC legislative committee, and at present are gathering information on mental insituations for the AVC. We voted unanimously at our last meeting to put all of our energy behind some kind of legislation for improvement of these institutions.

We would like your help in supplying us with all of the data you have collected, if that is possible. We are now in the process of writing letters of protest to the state department of health and the commissioner of charities and corrections. We have also talked to Dr. Wilson, head of the psychology department at OU, and have scheduled interviews with Dr. Griffin and Rayburn at Central State hospital.

I have a personal interest in this problem, as a friend of mine was recently committed to an institution in Illinois. She will be released shortly because of correct application of education and occupational therapy. Here in Oklahoma she would have been doomed to the ranks of incurables.

JOE E. PIERCE,
Committee for Social Advancement,
AVC.

TO THE EDITOR:

I have read the splendid series in the Daily Oklahoman by Mike Gorman on our mental institutions, but I'm beginning to wonder if your paper is going to quit when the job has just started.

You have exposed the condition, but now it is your duty to put pressure on the candidates for governor and the state legislature to see that reforms are carried out at once.

In last Sunday's Oklahoman, several readers suggested you put the series in pamphlet form and distribute them to every member of the state legislature the day the session opens! I have been a reader of your paper for 22 years and, if you do this, it will be the finest service you've ever rendered the people of Oklahoma in all the years of your existence.

I have a son in one of the mental institutions now, and I'd be more than willing to contribute a sizeable sum to defray the cost of printing. I'm sure many other people would make contributions, too. Tell us what the pamphlet will cost, and we citizens of Oklahoma will pay for it.

C. M. L.,
Woodward, Okla.

TO THE EDITOR:

No one is reading your articles with much more interest than I am.

As I have said to Mr. Carl K. Stuart, your managaing editor, we in Tulsa county are the first women in the state to concern ourselves with the care of the alleged mentally ill while they are held for the sanity board. After months of work, we succeeded in arranging a ward in Hillcrest Memorial hospital for our mentally ill, and it will be in operation one year on October 8.

I feel very sad to learn the aftermath of holding them in hospitals. We are now the only county in Oklahoma to hold them in a ward before committal, but it doesn't seem to do much good after all—if your research is all I have read.

MRS. THOMAS W. LEACH,

Barbizon Plaza hotel, N. Y.

TO THE EDITOR:

I want to say a word of praise for Mike Gorman for publishing the facts about the Central State hospital at Norman.

I would like to write a book entitled: "My 49 days in the State hospital at Norman" just to tell the actual facts from the inside. Maybe it would wake our apathetic people up as to the frightful conditions there.

In our small town we are asked to donate one dollar each month for the upkeep of the cemetery for our dead. Why not something for our living dead?

If each family would donate one dollar

each month for the care and comfort of those confined in the state hospitals where there are 10,000 mental patients, wouldn't that help?

I don't have any kinfolk there, but I would gladly donate, for I know what it would mean.

A MARIETTA CITIZEN.

TO THE EDITOR:

After reading your excellent article, "Misery Rules in State Shadowland," we have decided, after much discussion of the subject, to give you our idea as to the solution of this scandalous situation.

You have done your state a great service by publishing the facts concerning our institutions for the mentally ill.

This is just one-third of your duty. The other two-thirds: (1) Publish the names of all persons now in office who are responsible for this outrage; (2) Start a drive to remedy this disgraceful condition.

As you point out in your article, the shameful conditions now existing in our mental institutions are not the fault of the superintendents, the doctors, or the nurses, but the fault lies with the officials of our state government.

These officials should and must be relieved of their positions.

FOUR STUDENTS OF
OKLAHOMA A&M.

AN OPEN LETTER
TO THE FUTURE
GOVERNOR OF OKLAHOMA:

In this morning's "Daily Oklahoman," I read articles by Mike Gorman and Edith Johnson on the appalling and deplorable conditions in our state hospitals for the insane.

Before the election, right now, I ask you to declare yourself on what specific action you will take to immediately remedy these shameful conditions if you are elected.

I furthermore implore you to read all of Mike Gorman's articles in recent issues of the "Oklahoman," before making a reply. Better yet, why don't you make a personal trip to these institutions?

What are you going to do about it if elected? I anxiously await your reply.

JOHN R. HARDCASTLE

2824 N. Hudson.

TO THE EDITOR:

Your articles bringing to light conditions existing in our state mental institutions are splendidly written and will surely bring results.

Friday's article dealing with conditions at Western Oklahoma hospital at Fort Supply touched us deeply.

We had a very talented daughter there for eight months suffering from schizophrenia. As you stated in your article, "with no insulin treatment given there," at the end of the eight months, she was no better than when we took her there.

She is now in a private sanitarium at Dallas and having been there only six weeks, is already greatly improved and on her way to recovery due to the proper form of treatment.

Being a family of only moderate income, we of course are having to place a heavy mortgage on our home, as private sanitariums are very expensive. But living in a state that has given such little thought to our mentally ill people—there is no choice.

The girl of whom I've written you won first in the state and a scholarship to OU on her writing ability. Enclosed are some items written by her during her wasted days spent at Fort Supply.

"Behind Cold Bars."

Black as the nights
That have no Stars,
Though deep in my lonely heart
I prayed: Oh God
My neck is marked with beads of sweat
For days in hell
I must forget.
The shining word, the dagger's blade
Turning dull, confining prison shade,
Please God—Vanish the shadows.
No violet I, loving the shade.
The Sunflower, I've been from beginning
Raise forever—to warm air wade.
Oh God, let me work with nature
Free my thoughts (petals) from fears
Take away dapple gray shadows here,
Ruining days too courageous for tears.

I sincerely hope I haven't proven a nuisance in writing you.

I appreciate your getting into the hearts of the people of Oklahoma.

MRS. R. H. A., Billings.

TO THE EDITOR:

Thank you. Your articles on the mental institutions are a blessing to humanity. .

My husband and I have had the heartbreaking experience of seeing both of our adopted children committed to a state institution for the mental defectives. We will both be tortured for the rest of our lives by constant worry for these unfortunate children.

We will pledge a $10,000 donation to state institutions if a cure can be effected for these two children.

MRS. M. L. R., Oklahoma City.

TO THE EDITOR:

At a meeting last Sunday of the department council of the Oklahoma Veterans of Foreign Wars, all the veterans present heartily indorsed your splendid series on the mental institutions.

Representatives of the Seminole post introduced a resolution demanding an immediate investigation of conditions, particularly with reference to World war I and World war II veterans now hospitalized at Central State hospital.

We have had many complaints about these veterans not receiving any treatment for their mental ills. Further, we have been told that they receive very poor food, not corresponding with the printed menus visitors are given.

We understand that several other veterans' organizations are also pressing for an immediate investigation of this shocking treatment of our war wounded.

Keep up the good work. Is there any way we can help you?

WORLD WAR II VETERAN.

TO THE EDITOR:

Your recent articles in "The Daily Oklahoman" are not only masterpieces of reportorial writing, but in unveiling the dark curtain that hangs between public opinion and the frightful conditions existing in our mental institutions, you have rendered a service of the very first magnitude to the people of this state, a service worthy of the Pulitzer Award.

The main responsibility for the rectification of these terrible conditions rests, of course, with the Governor of Oklahoma. There are certain phases of the matter, however, with which the State Legislature must primarily deal.

As a new member of the next House of Representatives, I am preparing legislation which will look to the establishment of a home or hospital for the aged people of Oklahoma, offering a sanctuary to those old people who, either too aged or infirm to look after themselves, would otherwise be committed to institutions for the insane. As Zola said so many years ago: "This is a matter which touches the conscience of all mankind."

To make this type of legislation effectual will require the co-operation of the federal government, I am enclosing a letter I have just written on this subject to the Administrator of Federal Security in Washington, D. C.

GUY K. HORTON,
Attorney-at-Law, Altus.

(Here are excerpts from Horton's letter.)

"I am writing you this letter in regard to a shocking situation which has recently been made manifest in the state of Oklahoma. A reporter for the 'Daily Oklahoman,' the largest newspaper in the state, has just completed a survey of institutions for the insane in the state, and has uncovered as squalid a picture of wretchedness and misery as anything in the pages of John Wesley's Journals over a century and a half ago.

"This survey reveals that of the number of inmates confined to these institutions, a very large number are not mental cases at all, but simply old men and women grown senile and helpless who have been condemned to spend their remaining years within the dark shadows of insane asylums because a cold and indifferent society has refused them any other kind of sanctuary.

"In the forthcoming session of the state legislature, I intend to work for the passage of a law that will provide a home for the aged who are receiving old age assistance, provided that the amount paid by the federal government and the state be paid directly to the institution to which they have been committed.

"I want to know if I can secure the cooperation of the federal government? As the situation stands at present, any old person sent to a mental hospital automatically is cut off from his old age pension check. Would the same procedure be followed in a state operated home for the aged? Would the federal government be willing to turn over to responsible state authorities the pension checks of old men and old women who by competent authorities have been adjudged incompetent to care for themselves?

"Trusting that the above views meet with your approval, and that all aid will be afforded by the United States government in this humane undertaking."